

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO. **10/532181**

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2		1				
3		2				
4		①				
5		①				
6		①				
7		①				
8		①				
9		①				
10		①				
11		①				
12	1					
13		①				
14	1	①				
15		①				
16		①				
17		①				
18		①				
19		①				
20		①				
21		①				
22		①				
23		①				
24	1					
25		1				
26		1				
27		1				
28		1				
29		1				
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43		1				
44		1				
45		1				
46		1				
47		1				
48						
49						
50						
TOTAL IND.	1	↓		↓		↓
TOTAL DEP.	23	←		←		←
TOTAL CLAIMS	24					

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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96						
97						
98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						